FOR

AMENDMENT

AMENDMENT

BASIC FEE

(37 CFR 1.16(a)) **TOTAL CLAIMS**

(37 CFR 1.16(b))

INDEPENDENT CLAIMS

Total

(37 CFR 1.16(c))

Independent

(37 CFR 1.16(b))

Total (37 CFR 1.16(c))

Independent

(37 CFR 1.16(b))

MULTIPLE DEPENDENT CLAIM PRESENT

* If the difference in column 1 is less then zero, enter "0" in column 2

(Column 1)

CLAIMS

REMAINING

AMENDMENT

(Column 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

(Column 1)

AFTER

PATENT APPLICATION FEE DETERMINATION RECORD

minus 20 =

minus 3 =

(Column 1)

Minus

Minus

Minus

Minus

NUMBER FILED

65

15

Application or Docket Number

WHISPERWIRE-03R

OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** SMALL ENTITY (Column 2) **NUMBER EXTRA** RATE **FEE RATE FEE** \$ <u>355</u> \$ OR 45 x \$ 9 OR \$405 12 **\$40**= \$480 OR _× \$80 = (37 CFR 1.16(d)) OR TOTAL \$1,240 TOTAL OR OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) **HIGHEST** ADDI-ADDI-NUMBER **PRESENT** RATE TIONAL RATE TIONAL **PREVIOUSLY EXTRA** FEE **FEE** PAID FOR OR OR OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **HIGHEST** ADDI-ADDI-**PRESENT** NUMBER RATE TIONAL TIONAL RATE PREVIOUSLY **EXTRA** FEE FEE PAID FOR OR == OR OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) ADDI-ADDI-

RATE

ADDIT. FEE

AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	*	Minus	**	=				
	Independent (37 CFR 1.16(b))	*	Minus	***	=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

TIONAL **RATE** FEE FEE OR OR OR OR TOTAL TOTAL OR

ADDIT. FEE

TIONAL

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

									09	90	7211) ;
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTI		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			65				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 _ minus 20=		. 4			(\$ 9=		OR	X\$18=	405.0
INDEPENDENT CLAIMS			/5_ minus 3 =		12			X40=		OR	X80=	480.0
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		and the same			135=		OR	+270=	700-0
* If the difference in column 1 is less than zero, enter '					r "0" in c	olumn 2	L	OTAL		OR	TOTAL	12401
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)	s	MALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=)	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	5 OL A114	=		< 40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	JLIIPLE DEI	PENDEN	CLAIM		+	135=		OR	+270=	
							ADI	TOTAL DIT. FEE	·	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	o	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=)	(\$ 9=		OR	X\$18=	
AME	Independent	+	Minus	***	F.C.L.A.INA	=		(40=		OR	X80=	
L	THIST PHESE	NTATION OF M	JLIIPLE DEF	ENDEN	CLAIM		+	135=		OR	+270=	
							ADI	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		(40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						125			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												